



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A0947
ORI (Code assigned by DOJ)

EMERG MED TECH LIC/CERT
Authorized Applicant Type

EMT CERTIFICATION

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - If assigned by DOJ, use exact title assigned)

Contributing Agency Information:

ICEMA
Agency Authorized to Receive Criminal Record Information

1425 SOUTH "D" STREET
Street Address or P.O. Box

SAN BERNARDINO CA 92415-0060
City State ZIP Code

00660
Mail Code (five-digit code assigned by DOJ)

SHERRY HANSEN
Contact Name (mandatory for all school submissions)

(909) 388-5823
Contact Telephone Number

Applicant Information:

Last Name First Name Middle Initial Suffix

Other Name (AKA or Alias) Last First Suffix

Date of Birth Sex ☐ Male ☐ Female Driver's License Number

Height Weight Eye Color Hair Color Billing Number (Agency Billing Number)

Place of Birth (State or Country) Social Security Number Misc. Number (Other Identification Number)

Home Address Street Address or P.O. Box City State ZIP Code

Your Number: _____
OCA Number (Agency Identifying Number)

Level of Service: ☒ DOJ ☒ FBI

If re-submission, list original ATI number:
(Must provide proof of rejection)

Original ATI Number _____

Employer (Additional response for agencies specified by statute):

EMERGENCY MEDICAL SERVICES AUTHORITY
Employer Name

10901 GOLD CENTER DRIVE # 400
Street Address or P.O. Box

RANCHO CORDOVA CA 95670
City State ZIP Code

02531
Mail Code (five digit code assigned by DOJ)

+1 (916) 322-4336
Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator Date

Transmitting Agency LSID ATI Number Amount Collected/Billed